PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Joseph J. Florio et al.		
Serial No.:	09/981,958	**Examiner:**	J. Foreman
Filed:	10/16/2001	**Art Unit:**	3736
Docket No.:	A01P1073		
For:	SYSTEM, DEVICE AND METHOD FOR PLACING A BODY IMPLANTABLE LEAD IN THE CORONARY SINUS REGION OF THE HEART		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:
X   Amendment and Request for Reconsideration
X   Power of Attorney by Assignee...
X   Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES

ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	$ FEE
A	TOTAL CLAIMS FEE	10	20	0	X $ 50	$ 0
B	INDEPENDENT CLAIMS FEE**	2	3	0	X $200	0
C	MULTIPLE-DEPENDENT				X $ 360	0
D	EXTENSION OF TIME FEE — 1-mon: $120; 2-mon: $450; 3-mon: $1,020; 4-mon: $1,590; 5-mon: $2,160					
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	**TOTAL ADDITIONAL FEE**** (ADD TOTALS FOR LINES A,B,C,D, and E)					$0**

X   Charge Deposit Account No. **16-0068** the amount of   **$0****   **A copy of this letter is enclosed.**

X   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

    X   Any additional filing fees required under 37 CFR 1.16.

    X   Any patent application processing fees under 37 CFR 1.17.

X   The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

    X   Any patent application processing fees under 37 CFR 1.17.

    X   Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 1/25/05

Ronald S. Tamura
Reg. No. 43,179
Attorney for Applicants

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 26, 2005

Estella Pineiro   Date   1/26/05

Application or Docket Number

0995 1958

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	37	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37 minus 20=	* 37
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	306.00
X42=		OR	X84=	84.00
+140=		OR	+280=	
TOTAL		OR	TOTAL	1046.00

CLAIMS AS AMENDED - PART II

1-26 05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 40	Minus	** 37	= 3
Independent	* 4	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.